



OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501
HELENA MT 59620-2501
www.opi.mt.gov
(406) 444-3095
888-231-9393
(406) 444-0169 (TTY)

Linda McCulloch
Superintendent

CLASS 7 AMERICAN INDIAN LANGUAGE & CULTURE SPECIALIST LICENSURE APPLICATION

The Montana Superintendent of Public Instruction is responsible for issuing all teacher, administrator, and specialist licenses in the state of Montana. The Educator Licensure Program at the Superintendent's Office of Public Instruction is responsible for evaluating all applications for licensure.

Montana law requires that all educators be properly licensed and endorsed prior to being employed in an accredited school in Montana. If you have not been licensed in Montana, or if you wish to reinstate a lapsed, revoked or suspended license, you must complete this application material.

Montana law also requires that any applicant for initial licensure, any person seeking emergency authorization of employment or any applicant seeking to reinstate a lapsed, revoked or suspended license must submit information and material for a fingerprint-based national criminal history background check. The application for that background check is a separate packet of documents.

Please follow the instructions, complete all application material, attach all required documentation, and return the completed application material to:

**Educator Licensure Program
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501**

For more information, you may contact Educator Licensure at **(406) 444-3150** or **cert@mt.gov**.

If you are a Veteran or currently serving in the military, contact Troops to Teachers at 866-478-3224 or **ttt@montana.edu** for information regarding financial aid.

Over 170 years ago, Abraham Lincoln said, "Upon the subject of education, . . . I can only say that I view it as the most important subject which we as a people can be engaged in." Nothing has changed since that time — public education remains a cornerstone of our democracy. Thank you for your interest in applying for a Montana Educator License. We welcome the opportunity to consider your application.

If you need assistance from my staff or me, please contact us. Our website at www.opi.mt.gov contains a great deal of information that may be of help to you.

Linda McCulloch
Superintendent of Public Instruction

Professional Educators of Montana Code of Ethics

**Adopted by the Certification Standards and Practices Advisory Council of the
Montana Board of Public Education on October 30, 1997.**

Preamble

Education in Montana is a public endeavor. Every Montanan has a responsibility for the schooling of our young people, and the state has charged professional educators with the primary responsibility of providing a breadth and depth of educational opportunities.

The professional conduct of every educator affects attitudes toward the profession and toward education. Aware of the importance of maintaining the confidence of students, parents, colleagues and the public, Montana educators strive to sustain the highest degree of ethical conduct. While the freedom to learn and the freedom to teach are essential to education in a democracy, educators in Montana balance these freedoms with their own adherence to this ethical code.

The Professional Educator in Montana:

Makes the well-being of students the foundation of all decisions and actions.

- Protects students when their learning or well-being is threatened by the unsafe, incompetent, unethical, or illegal practice of any person.
- Provides educational services with respect for human dignity and the uniqueness of the student.
- Safeguards the student's right to privacy by judiciously protecting information of a confidential nature.

Fulfills professional responsibilities with diligence and integrity.

- Enhances individual competence by increasing knowledge and skills.
- Exemplifies and fosters a philosophy of education which encourages a lifelong pursuit of learning.
- Contributes to the development and articulation of the profession's body of knowledge.
- Promotes professionalism by respecting the privacy and dignity of colleagues.
- Demands that conditions of employment are conducive to high-quality education.

Models the principles of citizenship in a democratic society.

- Respects the individual roles, rights, and responsibilities of the community including parents, trustees, and colleagues.
- Assumes responsibility for individual actions.
- Protects the civil and human rights of students and colleagues.



**LICENSE APPLICATION
CLASS 7 SPECIALIST—INITIAL**

Mail application to:
Linda McCulloch
State Superintendent
PO Box 202501
Helena, Montana 59620-2501
www.opi.mt.gov

**• NOTICE •
APPLICATIONS MORE THAN ONE
YEAR OLD WILL BE DESTROYED.**

Make checks payable to:

Office of Public Instruction

☐ Class 7 Initial \$36.00

Last Name		First Name		Middle Name		Former Name(s)	
Mailing Address (Street, RFD, PO Box)				City		State	ZIP
Name as you wish it to appear on license				E-Mail Address			
Folio No. (if previously assigned)	Social Security No.	Date of Birth		Home Telephone	Work Telephone		

State of _____

County of _____

OATH:

You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths.

(MCA §20-4-104.) "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana."

DECLARATION:

- I hereby declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking.
- I acknowledge that I have read the **Professional Educators of Montana Code of Ethics**.

Subscribed and sworn before me

Signature of Applicant _____

Signature of Notary Public _____

this _____ day of _____
(month) (year)

My Commission Expires _____

(Section 10-4-102, MCA, 20-4-106(2), MCA and ARM 10.57.436)

10. **VERIFICATION OF ELIGIBILITY FOR INITIAL LICENSURE**

CRITERIA: Each Montana Indian tribe is authorized to establish the eligibility of persons who may be verified as eligible for the Class 7 license. Minimum requirements for specialist licensure by the State of Montana are: 1) applicant is 18 years of age or older, and 2) applicant is of good moral and professional character (20-4-1-4 (2), MCA).

_____ is recognized by the
(Applicant Name)

_____ Tribe as having met the criteria as a specialist in the

_____ language and is, therefore, verified as eligible for Class 7 specialist licensure.

- ☐ Assiniboine
- ☐ Sioux
- ☐ Dakota
- ☐ Blackfeet
- ☐ Chippewa
- ☐ Cree
- ☐ Salish

- ☐ Kootenai
- ☐ Crow
- ☐ Gros Ventre
- ☐ Assiniboine
- ☐ Little Shell
- ☐ Cheyenne

Attested to by:

(Signature of Tribal Chairperson)

and/or _____
(Designated Official*)

(Printed or Typed Name of Official)

(Date of Signature)

*Designated officials are those identified by the chairperson and reported to the Superintendent of Public Instruction.

MONTANA EDUCATOR LICENSURE APPLICATION

CHARACTER AND FITNESS INFORMATION

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP

Social Security Number

	Yes	No
Do you currently hold a Montana Educator License?		
Do you currently hold or have ever held a professional certificate, license, or other credential in any other field? If yes, please provide: State or Jurisdiction _____ Type of License _____ Certificate Number _____ Issue Date _____ Expiration Date _____		

Answer each of the following questions by checking "Yes" or "No." **If the answer to any of the questions below is "Yes," please attach a separate signed, dated, and detailed explanation of each event, including the date of the event and the circumstances surrounding the event.**

	The questions apply to your experiences in Montana or in any other state or country.	Yes	No	Information Previously Provided to OPI
1	Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in any field, including teaching, or is any such action pending? Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.			
2	Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct or is any such action pending? The scope of this question includes being dismissed from any teaching, administrative or specialist position for failure or refusal to fulfill an employment contract or any other misconduct associated with the teaching profession.			

		Yes	No	Information Previously Provided to OPI
3	<p>Have you ever been convicted of a felony or misdemeanor crime in Montana or any other state or country or is any such action pending?</p> <p>You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of “no contest” (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact OPI Legal Division at (406) 444-4402.</p> <p>If the answer to this question is “Yes” please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.</p>			

Release of Information:

I am seeking a Montana Educator License. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Montana Office of Public Instruction and its agents. I understand and agree that such information may be necessary for the evaluation of my Educator Licensure Application. I release the Montana Office of Public Instruction and any agency, court, organization, company, institution, or person furnishing this information from any liability for damage that may result from any dissemination of the information requested. My signature below confirms this consent.

I hereby declare under penalty of perjury the information included in or with this supplement is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentation, or omission of material fact in or with this application may lead to the denial, revocation or suspension of the license I am seeking.

Date

Applicant Signature

FOR OFFICE OF PUBLIC INSTRUCTION USE ONLY:

Fingerprint Background

Check Complete _____

Investigation Complete _____

Application Approved: _____ Date _____

Comments:



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
www.opi.mt.gov
ATTN: Educator Licensure

CHECKLIST CLASS 7 INITIAL APPLICATION

Please be aware that:

- **Incomplete application files will be returned without action.**
- **Fees paid are nonrefundable.**

- ☐ Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, physical address and phone numbers. (page 3)
- ☐ Have you completed the Character and Fitness Information? (pages 5 & 6)
- ☐ Have you completed and mailed the Criminal History Background Check Application to the Montana Department of Justice with a check for \$34 payable to the Montana Department of Justice?
- ☐ Has your application been signed and dated before a licensed notary public? Has the notary affixed his or her seal? (page 3)
- ☐ Have you made your check or money order for fees payable to the OPI?
- ☐ Has your Designated Official or Tribal Chairperson signed and dated section 10? (page 5)